



State of New Jersey

JAMES E. MCGREEVEY
Governor

DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
NEW JERSEY BOARD OF NURSING
124 HALSEY STREET, 6TH FLOOR, NEWARK NJ
www.state.nj.us/lps/ca/home.htm

DAVID SAMSON
Attorney General
MARK S. HERR
Director

INFORMATION FOR PRACTICAL NURSE LICENSURE BY EXAMINATION APPLICATION PROCESS

Mailing Address:

P.O. Box 45010
Newark, NJ 07101

(973) 504-6430

Enclosed is an Application Packet for the NCLEX-PN examination. Read all of the directions carefully and return to the Board the completed Official New Jersey Board of Nursing Application for Practical Nurse Licensure by Examination with fee, the Child Support Form and the Authorization Form For a Criminal History Background Check. Follow the application instructions located in the NCLEX Examination Candidate Bulletin for the licensing examination.

There are four (4) elements that are required for licensure as a nurse in New Jersey, these include:

1. Graduation from an approved school of nursing.
2. Criminal history background check clearance.
3. Child support clearance.
4. Passing the NCLEX-PN Examination.

Please submit the following to the Board of Nursing

1. Notarized Board of Nursing Application with \$75.00 Application fee and a \$65.00 Licensing fee in the form of a money order or certified check, a completed Child Support Form and Certification and Authorization Form For a Criminal History Background Check to:

The New Jersey Board of Nursing
P.O. Box 45010
Newark, NJ 07101

2. One passport type photograph. Sign name on the front of the picture. Do not write over the facial features.

US EDUCATED CANDIDATES

An official letter of program completion must be sent directly to the Board of Nursing Office from the school. It must be signed by the program chair and must be sealed with the official school seal.

FOREIGN EDUCATED CANDIDATES

In addition to the above criteria, the following are required:

1. A copy of your Practical Nurse license from your country of education.
2. A Nursing and Science Course By Course Report from the Commission on Graduates of Foreign

Nursing Schools (CGFNS) validating your secondary and nursing education.

3. A valid certificate of successful completion of TOEFL with a score of 540 (pencil and paper exam) or 207 (computerized version).

You must request copies of the Course By Course Report and the TOEFL results be sent to the Board of Nursing by CGFNS. Your application will not be processed without these documents.

FEES

The Application fee is a non-refundable fee. An application with a fee that is incorrect will be returned.

The licensing fee will be applied to your file when you have met all of the licensing requirements.

An application that is not complete will be returned. Please notify the Board of Nursing of Name and/or Address changes.

(NCS Pearson) NCLEX Examination Candidate Bulletin

1. NCLEX-PN Applications may be completed online (<http://www.vue.com/nclex>), via telephone ((866) 496-2539) or sent in by mail. Directions can be found on the inside cover of the NCLEX Examination Candidate Bulletin. If you decide to mail in the application complete and submit it with the \$200 testing fee and mail in the envelope provided in the NCLEX Examination Candidate Bulletin.
2. Copies of the Candidate Bulletin are available on line through the National Council of State Boards of Nursing website (see below).

CHILD SUPPORT FORM

A Child Support Form is required to be completed and returned to the Board of Nursing by all applicants. Failure to return the completed form will delay the licensing process.

CRIMINAL HISTORY BACKGROUND CHECK

(N.J.S.A. 45:1-28 et seq.) All applicants for licensure by examination shall complete the Certification and Authorization Form For a Criminal History Background Check and shall return it with the completed New Jersey Board of Nursing Application packet.

Upon the Board's receipt of the Certification and Authorization Form For a Criminal History Background Check, you will receive instructions on the fingerprinting process.

You will be made eligible to sit for the NCLEX-PN licensing examination. However, you will not be permitted to work or be licensed as a nurse in the state of New Jersey until the criminal history background check has been completed and the results have been received by the Board of Nursing.

If the criminal history check shows a criminal conviction your application will need to be reviewed by the Board of Nursing prior to licensing.

Evaluation Services: Commission on Graduates of Foreign Nursing Schools (CGFNS (215) 349-8767).

Website: National Council of State Boards of Nursing www.ncsbn.org (GOTO: site map; testing services; candidates; pre-NCLEX; Candidate Bulletin)

Questions: Address questions to Ms. Gregoria Marrero at (973) 504-6506 or Mr. George Hebert at (973) 504-6516.

Important Information

1. You must be at least 18 years old at the time of the examination in order to qualify.
2. Below you will find important instructions regarding the submission of the documents needed in order to complete the application, and to establish that you are eligible to take the licensing examination.
 - The applicant must complete and send directly to the New Jersey Board of Nursing:
 - ☐ The \$75 nonrefundable application fee and the \$65 license certificate fee; and
 - ☐ The New Jersey Board of Nursing's Official Application for Practical Nurse Licensure by Examination.
 - ☐ The Certification and Authorization form for the Criminal History Background Check.
 - The school of nursing (for graduates of schools in the U.S.), or the Commission on Graduates of Foreign Nursing Schools (C.G.F.N.S.) (for graduates of schools outside the U.S.) must send directly to the New Jersey Board of Nursing:
 - ☐ A letter of completion of the nursing program in the U.S., or a transcript which must include the official school seal; or for
 - ☐ Graduates of foreign nursing schools, a C.G.F.N.S. transcript review, licensure or certification verification, a Test of English as a Foreign Language report and a visa screen.
 - The applicant must also complete and send directly to the NCS Pearson/Vue Testing Service:
 - ☐ The \$200 nonrefundable test application fee; and
 - ☐ The application to take the National Council Licensure Examination for Practical Nurses.
(This process can be completed via telephone or online, consult the Candidate Bulletin for details.)



State of New Jersey

OFFICE OF THE ATTORNEY GENERAL
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
NEW JERSEY BOARD OF NURSING
124 HALSEY STREET, 6TH FLOOR, NEWARK, NJ
www.state.nj.us/lps/ca/home.htm

JAMES E. MCGREEVEY
Governor

PETER C. HARVEY
Attorney General
RENI ERDOS
Director

November 2003

Mailing Address:
P.O. Box 45010
Newark NJ 07101
(973) 504-6430

Dear Applicant:

Recent legislation requires the Division of Consumer Affairs to conduct criminal history record background checks of all health care professionals prior to the issuance of an initial license or other authorization to practice a health care profession (N.J.S.A. 45:1-28 et seq.). The records of the Division show that you are a current applicant for licensure or certification as a health care professional; and as such, the Division must arrange to conduct a criminal history check of your background.

In order for the Division to conduct a criminal history record background check, you must complete the enclosed Certification and Authorization Form and return it to the mailing address above.

(In-State Applicants)

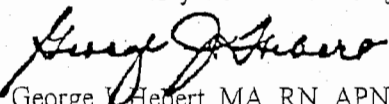
Upon receipt of the completed Certification and Authorization form, the Board will forward you information about how to schedule an appointment with Sagem Morpho, Inc. to have your fingerprints electronically recorded. *A \$78.00 fingerprinting fee must be paid to Sagem Morpho Inc., at the time of fingerprinting.* The \$78.00 should be in the form of a check or money order payable to Sagem Morpo, Inc.

(Out-of State of State Applicants)

Upon receipt of the completed Certification and Authorization form, the Board will forward you one state and one federal fingerprint card. Out-of-state applicants must have their fingerprints recorded, on the cards provided, by their local police department, by their state police department or by their local law enforcement agency. You must return the fingerprint cards to the Board or Committee with the required fee. Applicants submitting fingerprint cards will be required to pay a \$78.00 fee to have their fingerprints scanned into the electronic system by Sagem Morpho, Inc. *The \$78.00 should be in the form of a check or money order made payable to Sagem Morpho Inc.*

If you fail to complete and return the Certification and Authorization Form, your application for licensure or certification will not be processed and your application will be considered abandoned.

The New Jersey Board of Nursing


George J. Hebert, MA, RN, APN, C
Acting Executive Director

Official Use Only

License Type

Applicant's Number



State of New Jersey
DEPARTMENT OF LAW & PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
NEW JERSEY BOARD OF NURSING
PO Box 45010
NEWARK, NEW JERSEY 07101
(973) 504-6430

**CERTIFICATION AND AUTHORIZATION FORM
FOR A CRIMINAL HISTORY BACKGROUND CHECK**

Directions: Answer all of the questions on this form and sign it in the presence of a notary.

1. Name ☐ Mr. ☐ Mrs. ☐ Ms. _____ (_____)
Last First Middle Maiden Name
2. Address _____
Street or P.O. Box City State ZIP code
3. Date of birth ____/____/____ Sex: ☐ Male ☐ Female
Month Day Year
4. Social Security number _____ / _____ / _____
5. Have you ever been convicted of a crime or an offense? (Minor traffic offenses such as a parking or speeding violations need not be listed.) ☐ Yes ☐ No

Every such conviction on record must be disclosed. A true copy of every judgment of conviction, sentencing order and termination of probation order, if applicable, **must** be submitted with this form. Any documents (including employer or supervisor letters of reference, if applicable) which present clear and convincing evidence of rehabilitation **must** be submitted with this form. **Failure to follow these instructions may result in the denial of an initial application.**

Note: Copies of judgments, sentencing and termination of probation orders may be obtained from the clerk of the county where those orders, disposing of the conviction, were issued and filed.

Your continuing responsibility to disclose convictions of crimes or offenses: You **must** notify the Board or Committee within five (5) business days if you are convicted of any crimes or offenses after this form has been completed.

AFFIDAVIT

This affidavit is to be executed by the applicant before a notary public:

State of: _____ }
County of: _____ } ss.

I, _____, in making this application to the Board or Committee for certification or licensure, swear (or affirm) that I am the applicant and that all information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny certification or licensure or to withhold renewal of or suspend or revoke a certificate or license issued by the Board or Committee.

I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for certification or licensure. I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any information, files or records requested by the Board or Committee.

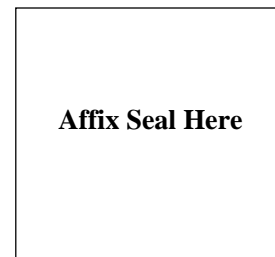
Signature of applicant

Sworn and subscribed to before me this _____

day of _____, _____
Month Year

Name of Notary Public (please print)

Signature of Notary Public



Attach a clear, full-face passport-style photograph (2"x 2") of your head and shoulders, taken within the past six months.

A photo is required with each application.

Do not use staples to attach the photo.



State of New Jersey
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
NEW JERSEY BOARD OF NURSING
124 HALSEY STREET, 6TH FLOOR, P.O. BOX 45010
NEWARK, NEW JERSEY 07101
(973) 504-6516

Date received: _____

Date of examination: _____

Official Application for Practical Nurse Licensure by Examination

Date: _____

Please enclose an examination application filing fee of \$75.00 and a license certificate fee of \$65.00 (for a total of \$140.00) in the form of a check or money order made out to the State of New Jersey. (Applicants should understand that if the fees are paid with a personal check, and the check is returned by the bank due to insufficient funds, the next step in the licensure or certification process will be delayed until the fees are paid.). In addition to the application fee, the applicant must submit a certified check or money order in the amount of \$200 along with the test application to the testing company NCS Pearson/Vue. (The envelope with the application is included within the Examination Candidate Bulletin).

The Board maintains, as part of its responsibilities, a record of your home address, business address and mailing address. You may choose which of these addresses will be considered as your "address of record." If you do not indicate (by putting a check in the appropriate box) which address should be used as your address of record, your mailing address will be considered to be your address of record. A post office box may be used as your address of record, but only if you provide another address which includes a street, city, state and ZIP code.

Information that you provide on this application may be subject to public disclosure as required by the Open Public Records Act (OPRA).

Please print clearly. You must answer all of the questions on this application.

Personal Information

Date of birth: _____
Month Day Year

Place of birth: _____
City State

1. Name ☐ Mr. ☐ Mrs. ☐ Ms. _____ (_____)
Last name First name Middle initial Maiden name

2. Address

☐ Home: _____
Street or P.O. Box City State ZIP code County

Telephone number (include area code) E-mail address

☐ Business: _____
Name of company Telephone number (include area code)

Street City State ZIP code County

☐ Mailing: _____
Street or P.O. Box City State ZIP code County

Reasonable Testing Accommodations for Individuals with Disabilities. (Check if applicable)

☐ I have been diagnosed as having a disability and require special testing accommodations. Please send the Request for Reasonable Testing Accommodations Form. I understand that I will not be able to test until I submit the appropriate documentation and am approved to test with accommodations.

3. *Social Security Number: _____ - _____ - _____

You **must** disclose your Social Security number for the reasons stated below. Failure to do so may result in a denial of licensure or certification or license or certificate renewal.

*Pursuant to N.J.S.A. 2A:17-56.44e of the New Jersey child support enforcement law, N.J.S.A. 54:50-25 of the New Jersey taxation law and Section 1128 E(b)(2)A of the Social Security Act, the Board or licensing agency to which this form is submitted is required to obtain your Social Security number. If you do not have a Social Security number, the Board must ascertain the reason that you do not have one. The Board is further obligated to provide your Social Security number to the Director of Taxation, the Probation Division or other agency responsible for child support enforcement and the H.I.P. Data Bank when reporting adverse actions.

You are also being asked to consent, on a voluntary basis, to the use of your Social Security number for the additional reasons stated below.

You are notified that under the Federal Privacy Act (5 U.S.C. Section 552a (note (b))), the Board or licensing agency to which this form is submitted is requesting the voluntary disclosure of your Social Security number. If you give your consent for the use of your Social Security number, it may be used: to verify the identity of an applicant, to aid in the collection of financial obligations due and owing the Board or any other state agency, and to aid in the disclosure to state or federal law enforcement and licensing officials and agencies of information obtained in investigations pertaining to licensure or certification and disciplinary proceedings.

I, _____ ,
Applicant's signature

☐ Consent ☐ Do Not Consent

to the use of my Social Security number for any of the additional purposes set forth above. I understand that my consent is voluntary and that if I do not consent, no adverse action or inference will be taken or drawn.

4. Citizenship / Immigration Status

Federal law limits the issuance or renewal of professional or occupational licenses or certificates to U.S. citizens or qualified aliens. To comply with this federal law, check the appropriate box below which indicates your citizenship/immigration status. If you are not a U.S. citizen, attach a copy of your alien registration card (front and back) or other documentation issued by the Bureau of Citizenship and Immigration Services (B.C.I.S.).

- ☐ U.S. citizen
☐ Alien lawfully admitted for permanent residence in U.S.
☐ Other immigration status

Questions about your immigration status and whether or not it is a qualifying status under federal law should be directed to the B.C.I.S. at: 1-800-375-5283.

5. Student Loan

Are you in default in regard to any student loan obligation(s)? ☐ Yes ☐ No

If "Yes," you must obtain documentary evidence that you have reached an arrangement with the bank or with the entity that issued your student loan, for the eventual payment of the loan. You will not be able to obtain a license or certificate unless you provide the required documents concerning the plan for payment of your student loan.

6. Child Support

Please certify, under penalty of perjury, the following:

- a. Do you currently have a child-support obligation? ☐ Yes ☐ No
(1) If "Yes," are you in arrears in payment of said obligation? ☐ Yes ☐ No
(2) If "Yes," does the arrearage match or exceed the total amount payable for the past six months? ☐ Yes ☐ No
b. Have you failed to provide any court-ordered health insurance coverage during the past six months? ☐ Yes ☐ No
c. Have you failed to respond to a subpoena relating to either a paternity or child-support proceeding? ☐ Yes ☐ No
d. Are you the subject of a child-support-related arrest warrant? ☐ Yes ☐ No

In accordance with N.J.S.A. 2A:17-56.44d, an answer of "Yes" to any of the questions a(1) through d will result in a denial of licensure or certification. Furthermore, any false certification of the above may subject you to a penalty, including, but not limited to, immediate revocation or suspension of licensure or certification.

7. Medical Conditions Questions

Questions a through f pertain to medical conditions and use of chemical substances. Please read the definitions carefully. Your responses will be treated confidentially and retained separately. Please be aware that you have the right to elect not to answer those portions of the following questions which inquire as to the illegal use of controlled dangerous substances or activity if you have reasonable cause to believe that answering may expose you to the possibility of criminal prosecution. In that event, you may assert the Fifth Amendment privilege against self-incrimination. Any claim of Fifth Amendment privilege must be made in good faith. If you choose to assert the Fifth Amendment, you must do so in writing. You must fully respond to all other questions on the application. Your application for licensure or certification will be processed if you claim the Fifth Amendment privilege against self-incrimination. You should be aware, however, that you may later be directed by the Attorney General to answer a question that you have refused to answer on the basis of the Fifth Amendment, provided that the Attorney General first grants you immunity afforded by statutory law. (N.J.S.A. 45:1-20.)

For the purposes of these questions, the following phrases or words have the following meanings:

“Ability to practice as a practical nurse” is to be construed to include all of the following:

- The cognitive capacity to exercise the reasonable judgments of a practical nurse, and to learn and keep abreast of professional developments; and
- The ability to communicate those judgments and related information to patients and other interested parties, with or without the use of aids or devices, such as voice amplifiers; and
- The physical capability to perform the duties of a practical nurse, with or without the use of aids or devices, such as corrective lenses or hearing aids.

“Medical Condition” includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, H.I.V. disease, tuberculosis, drug addiction and alcoholism.

“Chemical substance” is to be construed to include alcohol, drugs or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber’s direction, as well as those used illegally.

“Currently” does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather, it means recently enough so that the use of drugs may have an ongoing impact on one’s functioning as a licensee, or within the previous two years.

“Illegal use of controlled dangerous substance” means the use of a controlled dangerous substance obtained illegally (e.g. heroin or cocaine) as well as the use of controlled dangerous substances which are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

- Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? ☐ Yes ☐ No
- Are the limitations or impairments caused by your medical condition reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program**? ☐ Yes ☐ No ☐ Not applicable
- Are the limitations or impairments caused by your medical condition reduced or ameliorated because of the field of practice, the setting or manner in which you have chosen to practice? ☐ Yes ☐ No ☐ Not applicable
- Does your use of chemical substance(s) in any way impair or limit your ability to practice your profession with reasonable skill and safety? ☐ Yes ☐ No ☐ Not applicable
- Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism or voyeurism? ☐ Yes ☐ No
- Are you currently engaged in the illegal use of controlled dangerous substances? (Recall that "currently" is defined as "within the last two years.") ☐ Yes ☐ No

If you answered "Yes" to question f, are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances? ☐ Yes ☐ No

** If you receive such ongoing treatment or participate in such a monitoring program, the Board will make an individualized assessment of the nature, the severity and the duration of the risks associated with an ongoing medical condition so as to determine whether an unrestricted license or certificate should be issued, whether conditions should be imposed or whether you are not eligible for licensure or certification.

8. Have you ever changed your name? ☐ Yes ☐ No

If "Yes," please submit with this application a copy of the marriage certificate, divorce decree or court order.

9. Do you currently hold, or have you ever held, a professional license or certificate of **any** kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

If "Yes," for each license or certificate held, provide the date(s) held and the number(s). If the license or certificate was issued under a different name, please provide that name.

	Last name	First name	Middle initial
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate	Date issued/expired
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate	Date issued/expired
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate	Date issued/expired
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate	Date issued/expired
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate	Date issued/expired

10. Have you ever been disciplined or denied a professional license or certificate of any kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

11. Have you ever had a professional license or certificate of any type suspended, revoked or surrendered in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

12. Has any action (including the assessment of fines or other penalties) ever been taken against your professional practice by any agency or certification board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

13. Have you ever been named as a defendant in any litigation related to the practice of nursing or other professional practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

14. Have you ever been convicted of a criminal offense? (Minor traffic offenses such as a parking or speeding violations need not be listed; however, motor vehicle offenses such as driving while impaired or intoxicated must be disclosed.) ☐ Yes ☐ No

If "Yes," provide a copy of the judgment of conviction and the release from parole or probation. Please provide a complete explanation. (Attach additional sheets of paper to this application.)

15. Are you aware of any investigation pending against a professional license or certificate issued to you by a professional board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

16. Are there any criminal charges now pending against you in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

17. Have you ever been sanctioned by or is any action pending before any employer, association, society, or other professional group related to the practice of nursing or other professional practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

If the answer to any of the above questions, numbers 10 through 17, is "Yes," provide a complete explanation of the circumstances leading to the action, and any supporting documentation, on separate sheets of paper.

Education

In the spaces below, give an accurate record of your educational preparation. Be sure to complete items A-D for each school. Use additional sheets of paper if necessary.

A. Name of schools attended and locations	B. Number of Years Attended	C. Attendance		D. Title of diploma or degree obtained*
		Entrance date	Leaving date	
High School or Primary School <div> <div>Name of school</div> <div> <div>City</div> <div>State/Country</div> </div> </div> <div> <div>Name of school</div> <div> <div>City</div> <div>State/Country</div> </div> </div>		<div> <div>Month</div> <div>Year</div> </div> <div> <div>Month</div> <div>Year</div> </div>	<div> <div>Month</div> <div>Year</div> </div> <div> <div>Month</div> <div>Year</div> </div>	Check appropriate type: <input type="checkbox"/> Graduate diploma <input type="checkbox"/> Graduate equivalency diploma
Postsecondary School(s) including basic nursing education programs <div> <div>Name of school</div> <div>Program major</div> </div> <div> <div>City</div> <div>State/Country</div> </div> <div> <div>Name of school</div> <div>Program major</div> </div> <div> <div>City</div> <div>State/Country</div> </div> <div> <div>Name of school</div> <div>Program major</div> </div> <div> <div>City</div> <div>State/Country</div> </div>		<div> <div>Month</div> <div>Year</div> </div> <div> <div>Month</div> <div>Year</div> </div>	<div> <div>Month</div> <div>Year</div> </div> <div> <div>Month</div> <div>Year</div> </div>	<p>* Note: If your professional school was located outside the U.S., and you have a copy of your degree/diploma in the original language, attach a copy to this form.</p>

The nursing program is required to send a letter, stamped with the official school seal, which indicates that the applicant has met all of the requirements for graduation. As an alternative, the nursing program's administrators may send an official school transcript stamped with the official school seal.

AFFIDAVIT

This affidavit is to be executed by the applicant before a notary public:

State of: _____

County of: _____

} ss.

I, _____, in making this application to the New Jersey Board of Nursing for licensure or certification under the provisions of Title 45 of the General Statutes of New Jersey and the Rules of the New Jersey Board of Nursing, swear (or affirm) that I am the applicant and that all information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny licensure or certification or to withhold renewal of or suspend or revoke a license or certificate issued by the Board.

I further swear (or affirm) that I have read N.J.S.A. 45:11-23 et seq., together with the Rules and Regulations of the New Jersey Board of Nursing, N.J.A.C. 13:37-1 et seq., and fully understand that in receiving licensure or certification from the Board, I bind myself to be governed by them.

Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for licensure or certification. I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any information, files or records requested by the Board.

Signature of applicant

Sworn and subscribed to before me this _____

day of _____, _____
Month Year

Name of Notary Public (please print)

Signature of Notary Public

Affix Seal Here